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THE PROPOSED NEW LAW FOR REGULATING THE PRACTICE OF MEDICINE AND SURGERY.

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As is customary during every session of the Legislature, another attempt was made last winter to modify existing medical laws regulating the practice of medicine and surgery. Effort in this direction seems to be required on account of the failure of the law of 1874, which is still in full force, to secure the reforms which it was intended to accomplish.

While the present law at first served a useful purpose, in compelling large numbers of irregular practitioners to comply with its moderate provisions, it has, of late, proved practically inoperative. Under its operation so large a number of sources for obtaining a license have been created, and so large a number of those who are notoriously incompetent have been licensed, that the object intended to be accomplished has been defeated.

The purpose intended by the law of 1874, and by all laws regulating medical practice, is the elevation of the standard of medical attainments, in order to confer legal authority on those only who are competent, and to exclude from legal privileges those incompetent and unworthy.

The law of 1874 recognizes the fact that the degree of Doctor of Medicine, conferred by competent authority, constitutes a license to practice within the State, and requires all others desiring to enter upon the practice of medicine or surgery, to procure a license from the censors of a county medical society; thereby plac-

ing the means for securing greatly needed reforms, as far as regards unlicensed practitioners, entirely within the control of the medical profession. The law imposes upon the profession the duty and privilege of purifying itself by the elevation of its own standard of medical requirements; it tacitly appeals to the honor and self-respect of all medical men.

The failure is so signal that it is an open question whether the medical profession really desire any improvement; in fact, whether legislation of any kind is required; whether or not the welfare of the people will be the better promoted by restricting the practice of medicine to those who are qualified for it, or by allowing all persons, without limitation, to enter the ranks of the profession.

The failure of the law is abundantly demonstrated, both by the large number of uneducated specialists at present practicing under cover of law, and by those who neglect or refuse to avail themselves of the doubtful advantages of easily acquired legal sanction.

Assuming that the erection of more stringent safeguards will conduce to the public good, we should first ascertain what are the principal defects of the present law, and then endeavor to correct them.

One of the defects of the law of 1874 has regard to the registration of all qualified physicians. It was intended to provide for a complete county registration. It has proved an utter failure, on account of the absence of a penalty for non-compliance with this provision.

Another, and the principal defect, has reference to the granting of a license to practice. Although this requirement has been very generally complied with throughout the State, an experience of four years demonstrates the utter inability of the profession to establish a system

of reform and purification in small districts, on account of local and personal influences.

The very parties who ought not to practice have organized legal county and local societies, thereby complying with the *letter*, but actually defeating the *spirit* of the law, by licensing those who are notoriously incompetent. Some of these societies, it is alleged, are even making merchandize of the privilege for the purpose of increasing their revenue.

Surely, the framers of this law did not anticipate, that, by clothing the officers of county medical societies with the licensing franchise, they were erecting one hundred and twenty or more colleges, whence would issue, frequently on the most trivial unrecorded examination, a diploma certifying to the satisfactory qualifications of the party in all the departments of medicine and surgery, and to his competency to engage successfully in practice.

No one who has given the subject attention will deny that in this State this franchise is held by too large a number of sources—in many instances three in one county; and, that the procuring of a license conferring upon the recipient all legal rights and immunities is far too easily accomplished. This looseness of management and exceeding latitude of application is the more plainly apparent when contrasted with the system adopted in France, there being only four sources for procuring a license to practice in the whole empire.

It is unquestionably true that, when the law authorizing the organization of county medical societies was enacted, sixty-five years ago, it was expedient to confer upon them the right to remove legal disabilities to as great an extent as seemed consistent with the exercise of prudence and sound judgment, and to sanction by legal approval a *lower standard of medical attainments* than, at the present time, is either necessary or expedient. The exigencies of the time required the provisions which the application of the law of 1813 has demonstrated were eminently wise and practically useful.

Who will deny that to the public the advantages of the provisions of the law of 1813, regarding the licensing of unqualified and uneducated practitioners, have long since departed; and that the sooner the county medical societies of this State are deprived of this franchise the better both for the people and the societies?

The manner in which this function has been exercised on the part of some of the county medical societies has compromised the honorable standing of the whole medical profession. While much may be claimed in behalf of the utility of the exercise of the licensing franchise on the part of the county societies during their earlier history, the experience of the past few years plainly demonstrates that the expediency of its longer continuance is extremely questionable.

It is probable that the time is near at hand when a radical change in the method of obtaining a license to practice will be made.

The new form of an act to regulate medical practice provides for a change which is as far in the right direction as is at present obtainable. At a future time, still farther advances may be confidently expected.

The form of the new law has been carefully considered by those who are competent to decide as to its provisions. It originated with the Medico-Legal Society of the City of New York, and is offered as a substitute for the present statute, the law of 1874.

It provides: 1st, For a complete system of county registration of all qualified practitioners, and imposes a penalty for non-compliance. It also requires censors of county medical societies to inspect such register twice a year.

2^d, It is provided that the status of all legal practitioners at the time of the passage of the bill shall remain unchanged, and that thereafter the *degree of Doctor of Medicine only* shall constitute a license to practice; also that the degree shall be obtained, as at present, only from an incorporated medical college, or from the Regents of the University, on the recommendation of a board of medical examiners.

3^d, It very properly gives to the medical societies one-half the fines imposed for infractions of the law.

These provisions will neither interfere with the application of any method or school of practice, nor abridge the liberty of any qualified practitioner to make use of any and all measures ever resorted to in the treatment of the sick. They simply require that all desiring to engage in the practice of medicine or surgery, in any of their branches, general or special, shall first furnish evidence of suitable qualifications, by having passed a satisfactory examination in each

of the principal departments of medical science. In short, those who wish to engage in the practice of medicine must first obtain a competent medical education.

These legal provisions are demanded both by the exigencies of the time and the well-being of the people, as a protection from the mistakes of the uneducated and the cupidity of the unscrupulous.

The passage of this new bill was defeated last winter by the personal influence of electricians, hydropathists and other irregular specialists, who came, some of them, from distant parts of the State, purposely to oppose its passage. These illegal practitioners asserted that their personal rights and privileges would be interfered with, and that the public would be deprived of their valuable (?) services. Under the pressure of the influence of these persons, the Senate committee, to whom the bill was referred, instead of recommending it, as they should have done, merely reported the bill for consideration. This exhibition of indifference on the part of the committee proved a damper which the friends of the bill were unable to overcome.

The Senate committee, however, are not the only parties at fault. The committee ought to have been strongly supported by an unmistakable expression of approval on the part of the medical profession. The failure of this act must be, therefore, chiefly chargeable to our own lack of interest and neglect. The bill, notwithstanding the active opposition to it, could have been saved, in all probability, by the insertion of a clause exempting irregular practitioners who have been engaged in actual practice for five or ten years.

The opposers of conservative medical legislation, claim that a license to practice should be free to all who choose to exercise it. They assert that all efforts to control medical practice are prompted by selfish motives on the part of the profession. We emphatically deny this charge. The motives which prompt the profession to attempt this measure of medical reform are unselfish and philanthropic. No refutation of this puerile assertion is required, other than the abundant evidence showing that the present condition of medical affairs is wholly inadequate to protect the public from the misrepresentations of charlatans and the errors of ignorant pretenders.

Under the present régime, instead of protecting the people, the law actually places a premium upon quackery, by affording facilities for the admission of incompetent persons into the ranks of the profession, and then protecting the fraudulent process with the stamp of legal authority.

The practice of law is effectually protected by effective safeguards. An applicant for a license to practice is required to attend lectures at, and graduate from, an incorporated law school, and afterward procure a license from a court authorized to grant certificates to those qualified to practice. Surely, matters involving the protection and preservation of life are at least as important as those pertaining to the preservation of liberty and property.

It is obvious that no improvement of this peculiarly unsatisfactory condition in which both the medical profession and the public are placed, can be looked for from any outside source. We ourselves must put forth direct and persevering effort in behalf of thorough reform. We must endeavor to disseminate correct information regarding the evils of the present system, and prove beyond question that the people will promote their own personal interests by the establishment of more thorough and efficient regulations.

As previously stated, the degree of Doctor of Medicine, conferred by a medical college, or board of medical examiners, embraces a license to practice. Those who propose the new law, are therefore seeking to restrict the licensing power to fewer sources, in the confident expectation that the franchise will be far less subject to abuse. This effort to limit the right to exercise the licensing franchise to the medical colleges and State boards of examiners, is expected to afford only partial protection; and is proposed as the most feasible that can, at the present time, be secured and made practically effective.

Entire immunity from existing evils cannot be expected until a system is established which shall effectually separate the teaching from the licensing interest—which, in other words, shall convert all medical colleges into *educational institutions* merely, by limiting a license to practice to a *diploma obtainable only from legally appointed independent State boards of medical examiners*.

It is probable that it would be impossible, at the present time, to deprive the medical colleges of the exercise of a franchise which they have so long enjoyed. It is plainly apparent, however, that a very strong sentiment is manifest which will, when more fully developed, bring about the reforms so greatly needed, by restricting the power to grant licenses to practice to a few independent State boards of medical examiners.

The State Board of Health of Illinois has been in existence one year. On it is imposed by law the duty of certifying to the qualifications of all practicing physicians and surgeons in the State. The practical advantage of limiting the power to grant licenses to a single responsible source disconnected from teaching interests, is forcibly illustrated by the operations of the Board, as set forth in its annual report recently published. A summary of the report* shows that certificates or licenses have been issued during the past year to nearly five thousand physicians and midwives; that of 366 applicants for a license 60 per cent. were rejected; that 1,200 unqualified practitioners have been driven from the State; that it has stopped eight medical colleges from giving two graduating courses in one year; has refused to accept or recognize the diplomas from eight medical colleges; and has revoked six licenses for grossly unprofessional conduct and advertising.

DR. J. F. GRAY.—“The bill is complete as far as it goes. It would be perfect if it removed the power to grant licenses from the medical colleges, and vested it in the State University, a change which may soon come.”

Resolutions adopted by the Homeopathic Medical Society of Northern New York, and by the Albany County Homeopathic Medical Society, July 9, 1878:—

WHEREAS, The present laws regulating medical practice are inadequate to secure needed reforms, therefore,

Resolved, That in the opinion of this Society it is expedient to limit a license to practice medicine or surgery in this State to those who have received the degree of Doctor of Medicine from legally competent authority.

Resolved, That we recommend the passage of a law by the Legislature of this State which shall restrict the exercise of the licensing franchise to such medical institutions and medical

boards as are legally authorized to confer the degree of Doctor of Medicine.

The proposed law, presented to the Legislature last winter, reads as follows:

AN ACT

To better regulate the practice of Physic and Surgery in the State of New York.*

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Every person now lawfully engaged in the practice of physic and surgery in the State of New York, shall, on or before the first day of October, eighteen hundred and seventy-eight, and every person subsequent to the date of the passage of this act engaged in the lawful practice of physic and surgery in the State of New York, shall register his name in full, the place of his residence, the place of his birth, the character of his qualifications, whether diploma, license or certificate, the date of said diploma, license or certificate, and the name of the society, college or body granting the same, in a book kept for such purpose by the clerk of the county in which such person resides or practices, at the office of such clerk. Such registration shall be made under oath before a notary public, who shall also affix his name thereto. Each county clerk in the State shall provide a book to be kept for said purpose in his office, and said clerk shall receive a fee of twenty-five cents for each name registered therein, to be paid by the person so registering. And said book is to be kept open for the inspection of the public during business hours.

§ 2. It shall be the duty of the censors of each incorporated county medical society, to inspect said book kept in the county of their residence during the first week of October and April in each and every year, and to record their names therein at the time of such inspection, as evidence of such inspection having been made.

§ 3. It is hereby declared a misdemeanor for any person, excepting those now lawfully engaged in the practice of physic and surgery in the State of New York, to practice physic and surgery in the State of New York, unless such person shall have lawfully obtained the degree of doctor of medicine from some one of the incorporated medical colleges in the United

States, or from the regents of the university of the State of New York, pursuant to chapter seven hundred and forty-six of the laws of eighteen hundred and seventy-two.

§ 4. A violation of the provisions of section one of this act is hereby declared to be a misdemeanor.

§ 5. Any person found guilty of a violation of the provisions of section three of this act shall be deemed guilty of a misdemeanor, and shall for the first offence be fined not less than two hundred dollars nor more than three hundred dollars, and shall be imprisoned until such fine be paid; and in addition to such fine, such person may be sentenced to imprisonment for a term not exceeding six months; and for any subsequent offense, said person shall be fined not less than four hundred dollars nor more than six hundred dollars, and shall be imprisoned until such fine be paid; and in addition to such fine, such person may be sentenced to imprisonment for a term not exceeding eighteen months; such terms of imprisonment are, however, subject to the terms of limitation prescribed by the provisions of chapter sixty-one of the laws of eighteen hundred and seventy-six. One-half of all such fines shall be paid to the president of the medical society making the complaint, for the use of the society.

§ 6. Proceedings for a violation of the provisions of this act may be instituted by the president of any one of the incorporated medical societies in the county in which the offense was committed, on his written complaint; said complaint, together with the affidavits upon which the warrant is granted, must be sworn to before a police justice or a notary public. Proof of the fact of a demand having been made on the person accused for the production of his diploma, license or certificate, by the president of the board of censors of the county medical society, the president of which society makes the complaint, and of the refusal or failure of the accused to make such production, shall be for the purposes of the proceedings before the police magistrate, *prima facie* evidence of the guilt of the accused.

§ 8. Chapter four hundred and thirty-six of the laws of eighteen hundred and seventy-four, regulating the practice of medicine and surgery in the State of New York, is hereby repealed.

§ 8. This act shall take effect immediately.

THE SURGICAL TREATMENT OF INTERNAL HEMORRHOIDS.

BY DAVID WARK, M.D., NEW YORK.

PART II.

THEIR DEVELOPMENT AND STRUCTURE.

Cases illustrating the advantages of this treatment over the methods usually employed.

Case 2.—A gentleman aged 46 years had suffered severely from piles for twelve years, having during that time tested the value of every known palliative remedy; hemorrhages occurring daily at each stool were so copious that it became evident that a fatal result was inevitable if the bleeding could not be arrested. An able surgeon applied ligatures to all the tumors, the patient being under the influence of ether; the tumors did not come away until the end of fourteen days; he was confined to his house for a month, and another week passed before he could engage in active business. He remained almost perfectly well for a year when the disease began to return; two years after the operation he came under my care. I found the stumps of the old piles, and farther up the rectum, three new but well developed tumors from which he had already lost from time to time considerable quantities of blood. I say stumps, because the ligatures had not been successful in totally removing the piles to which they were applied. In fact, I do not think it is possible to entirely remove hemorrhoidal tumors by ligatures, because, although the ligature is passed through the tumor close to the base and at short intervals, when it is tightened it will inevitably slip more or less toward the distal portion of the hemorrhoid; a part of the base, therefore, escapes strangulation and remains as a nidus for the growth of new piles after cicatrization is completed. Vascular hemorrhoids strongly resemble naevi, both in their anatomical structure and in their tendency to invade the adjacent tissues by a pathological process resembling that by which telangiectasis is propagated; the former, however, spread much more slowly than the latter; therefore, in attempting the radical cure of piles of this sort, the surgeon should remember this tendency, and endeavor to extirpate them totally, this being essential to success. As my patient was anxious to be cured as speedily as possible, contrary to

my usual practice, I operated on two tumors at one time. No anesthetic was used, the pain being trifling; the two operations were completed in thirty or forty seconds. The tumors came away on the fourth day; by the tenth the parts were quite healed; the irritation caused by the treatment confined my patient to his house a few hours on one day only.

Case 3.—A lady aged fifty, placed herself under my care for the cure of piles, from which she had suffered very greatly for half her lifetime; her case proved to be curious and very instructive. She had hemorrhoidal tumors both internally and externally; those usually inside the bowel came down while walking about her house, and while at stool, but could be readily replaced inside the gut; the external tumors, however, could not be pushed above the sphincter ani; yet curiously enough, all these tumors belonged to the same variety of piles. It is a common mistake to call piles internal because they are out of sight, and those that are visible external; this is an error apt to lead to serious results in practice. External piles are those that form externally to the lower margin of the sphincter ani, and are therefore always covered with skin; internal ones are those habitually within the sphincter not above it—and are covered by mucous membrane. The external have a light uniform bluish tinge, due to a clot of dark-colored blood in the interior; internal ones are livid or purple, according to the intensity of the congestion. External piles never bleed spontaneously; internal piles almost always do so. External piles are the result of inflammation; internal arise from very different causes. The proper treatment of external piles is to lay them open from base to apex, and turn out the clot of blood with which they are filled; but to slit up internal piles would be followed by dangerous, perhaps fatal, hemorrhage. The difference between internal and external piles is therefore not merely one of position, but of structure. In the case here cited, the piles, although situated externally, yet both belonged to the internal variety. The tumors that hung below the sphincter ani had originally formed inside, and must have been gradually forced down under the mucous membrane, carrying a pouch of this before them, very much as occurs when, in the development of oblique inguinal hernia, the intestine escapes from the abdominal

cavity at the internal ring, pushing before it a sack of peritoneum; an event of this sort evidently was what had occurred, because although the bulk of the tumors was now permanently outside the bowel, they sent up roots that were attached to the rectal muscular wall above the sphincter; they were covered by dried and toughened mucous membrane, not by true skin, and their anatomical structure was evidently identical with the internal variety of piles. Like other muco-cutaneous openings, the verge of the anus is highly sensitive; therefore the cure of piles situated there is more painful than when attached higher up within the bowel, where the parts are scantily supplied with tactile nerves. This lady's hemorrhoids were totally extirpated by three operations, and a year afterwards she wrote to me expressing her gratitude for the perfect and permanent results.

Case 3.—A lady 65 years of age desired my services for the cure of a disease of the rectum which she described as being wind-piles. I replied that, if she would submit to an examination, it was likely I might find myself more familiar with her disease than her nomenclature. On introducing my index finger into the bowel, I ascertained instantly that her real difficulty was stricture of the sphincter ani. She stated that for twenty-eight years she had been unable to pass anything of a diameter larger than that of the tip of her little finger. To empty her bowels required an hour's hard work daily, and it was attended with excruciating pain. Cathartics had become as necessary to her as her daily food—at all events she thought so, because if the fees were not liquid or nearly so, the contracted orifice readily became impacted.

I cannot at this point avoid offering a criticism on the practice of medical men who, without an examination, prescribe for patients consulting them for the cure of what the sufferer calls piles. This is the name by which non-professional persons almost uniformly describe diseases of the rectum, no matter what their character may be. Every medical man whom this lady had consulted before she saw me, had, without hesitation, accepted her diagnosis, and of course prescribed fruitlessly, so that for several years she had ceased seeking medical advice, concluding that her wind-piles were a permanent arrangement. This hap-hazard treatment, however, sometimes succeeds, and when it does the

case is true external piles, with scarcely an exception. These, being the result of inflammatory action, are a self-limited disease, and always get well, if let alone, in from two to four weeks. In that time the clot of blood filling the interior is absorbed, the inflammation and acute tenderness subside, leaving only a scrap of loose skin at the verge of the anus to mark the spot; therefore these piles always get well under the use of any non-irritating application, if the regulation time is allowed; as many days suffice to effect a cure, if the knife is properly used.

I treated her stricture by forcible dilatation, extending the sphincter until I felt all the hardened fibres of the muscular ring give way. A month after, she called on the lady who sent her to me, and stated that she was perfectly cured; adding that she hoped and prayed that the Doctor would go to heaven in due time—to which I devoutly responded, amen!

(*To be continued.*)

VARICELLA.

BY H. L. WALDO, M.D., WEST TROY, N. Y.

Varicella is of practical interest simply in its differentiation from varioloid. While it presents many points of similarity to modified small-pox, there are still points of difference sufficiently striking to enable the practitioner to decide early in the disease which it is that he is treating.

It is of importance that physicians should recognize it as a distinct specific disease, and not follow the error committed by Behr and other distinguished men of classing it as a light form of variola, modified by some peculiarity of the organism of the child. There is abundant authority to show that varicella has no power to protect from a subsequent attack of variola, or to modify the severity of such an attack, should it occur; and cases are numerous in which little children with chicken-pox, confined in small-pox hospitals by those who consider the two diseases as identical, after their recovery, have been immediately attacked with small-pox; and children who have had small-pox show no immunity from chicken-pox, when exposed. Again, vaccination, which, when properly performed, almost certainly prevents variola, has no effect upon varicella; and *vice versa*, varicella has no power to prevent

the working of vaccination. It is found that the susceptibility almost entirely ceases after the tenth year; and an eruption resembling varicella in an adult may, according to Thomas, be considered as always indicating variola; still, we have the authority of Dr. Flint for the statement that it *may occur in an adult*. It seems to be pretty well established that the disease is not communicable by inoculation with the contents of the vesicles, but that infection occurs through the medium of the respiratory organ.

Instances have occurred in which an error in diagnosis has led to very serious results, variola being mistaken for varicella, and a frightful epidemic being the result; for this reason, a careful attention is asked to the following diagnostic points:

The period of incubation of varicella is thirteen to seventeen days, while that of variola is, on the average, ten days.

The mildness of the prodromal stage is a chief diagnostic point of varicella. A child who has been perfectly well is all at once discovered to have upon its body and limbs an eruption of vesicles, and at the same time appears a slight elevation of temperature and acceleration of the pulse—frequently so slight that the child makes no complaint of sickness and is allowed to play as usual. This elevation of temperature continues until the subsidence of the eruption on the fifth or seventh day. On the other hand, in those very mild cases of varioloid in which the eruption is limited to a very few pustules on the face, the primary fever is severe for three days, the pains in the back and head are extreme and every symptom indicates the invasion of a severe disease. The primary fever is often as severe as in cases of unmodified small-pox. Then too, in varioloid the fever either greatly decreases or entirely abates with the appearance of the eruption, while in varicella, as we have seen, all the fever that there is appears with the eruption and continues till the vesicles are nearly dried. Cases of chicken-pox have been reported in which a high fever, accompanied by an eruption resembling measles, has preceded the appearance of the vesicles for three or four days. In such a case, the anatomical characteristics of the eruption would be sufficient to establish the diagnosis. Da Costa has known cases of this character to terminate fatally.

In varioloid, the eruption begins always first upon the face, in which situation it is most abundant, and soon after appears on the body and extremities. In varicella, the first vesicles appear on the breast and back, in which situations they are always most abundant. Soon after, they appear on the extremities and face, but those first appearing on the body are dried up by the time those on the extremities are filled. Successive crops of vesicles appear for several days, so that on the chest and back may be seen, at the same time, vesicles just commencing to fill and the small crusts of those already dried.

"The vesicles of varicella develop upon a slightly hyperæmic and faintly infiltrated areola, the vesicle developing from its centre and completing itself by peripheral extension." It is a vesicle from the start, and not a papule, as in varioloid. The vesicles are very superficial, involving simply the epidermis and probably this is the reason that no central depression or umbilicus is formed. This is a most important point in the diagnosis. The pustules of varioloid are umbilicated, like those of unmodified small-pox; but it is believed that the vesicles of

varicella are never umbilicated. The varicella vesicle contains a clear, serous, alkaline fluid, but this may be mixed with a little pus in vesicles that have been irritated by scratching, or have developed slowly, as is the case on the soles of the feet or wherever the cuticle is thick. The varioloid pustules, on the contrary, are filled with pus, like those of variola, and have a much deeper yellow color. Cases of varicella occur in which bullæ form in some situations in place of vesicles. "It is light cases of varioloid only that will be mistaken for varicella. In these cases, the pustules are imperfectly developed, dry up soon, and the contents are sero-purulent. A careful examination will detect the nodular formation on the site of the variolous eruption, in contrast with the scarcely swelled basis of the varicella vesicle; and it will be a question merely with regard to a few pustules, never to an entire eruption."

This is not a disease often demanding treatment. Care should be taken that the child be not exposed to sudden changes, and, in case of serious symptoms, the proper homeopathic remedy should be exhibited.

The following table will be an aid in diagnosis:

TABLE EXHIBITING THE DIFFERENCES BETWEEN VARIOLOID AND VARICELLA.

VARIOLOID.	VARICELLA.
Incubation same as small-pox, about ten days.	Incubation thirteen to seventeen days.
Communicable by inoculation with contents of pustule, either as variola or varioloid.	Not communicable by inoculation with contents of vesicle.
Generally prevented by a previous vaccination.	Not at all affected by a previous vaccination.
Occurs at any age.	Seldom occurs after the tenth year.
Prodromal fever for three days, frequently as severe as in cases of unmodified small-pox; entirely subsiding on the appearance of the eruption.	No prodromal fever, or at most very slight. Slight elevation of temperature during the appearance of the vesicles.
Eruption appears as a papule, in the centre of which soon forms a vesicle, which is changed into a pustule.	Eruption is vesicular in all stages of its development.
Eruption developed on a nodular and infiltrated base surrounded by an inflamed and redened areola.	Vesicles developed on a slightly infiltrated base, with no surrounding areola of redness.
Eruption most abundant on face, in which situation it first appears.	Eruption most abundant on breast and back, in which situations it first appears.
Pustules are umbilicated.	Vesicles not umbilicated.
Contents of pustules purulent or sero-purulent.	Contents of vesicles a clear serous fluid, sometimes slightly purulent, if irritated or developed slowly.
Duration longer, approximating that of unmodified small-pox.	Duration not over five or seven days.
May leave many scars that last for life.	Never leaves more than a very few scars.

Clinic.

CONFIRMED SYMPTOMS OF ALUMINA.

BY J. R. HAYNES, M.D., INDIANAPOLIS.*

Mind.—Great anxiety, fearfulness and peevish; fearful he is not to recover.

Head.—Vertigo; everything turns in a circle; as if intoxicated; fear of falling forward.

Eyes.—Redness with lachrymation; itching in the corners, with burning.

Nose.—Ulcerated; stopped up, especially the left nostril, with glairy mucus.

Mouth.—Swelling of the gums, which bleed easily. The teeth feel long and sore. Dryness; acrid taste.

Throat.—Inflammatory redness in the back part; painful soreness in the throat and upper portion of the œsophagus—worse on empty deglutition.

Stomach.—No desire to eat; faint—like nausea.

Abdomen.—Distention; stitches in both hypochondria, aggravated by motion.

Stool.—Soft and thin stool pass'd with difficulty. The rectum seems paralyzed. *Liques.*

Anus.—Varices which become moist, sting and burn. Itching, with burning excoriation and great sensitiveness; haemorrhoids.

Urinary Organs.—Tenesmus vesicæ. Frequent emissions of very small quantity of light colored urine, with great straining, severe smarting and burning, with a feeling as though a few drops remained in the urethra which could not be expelled.

Sexual Organs.—Frequent and painful erections, worse at night. Discharge of light yellow pus from the urethra, which causes itching of the glans penis. Swelling of the right inguinal glands. Severe painful swelling in either or both ovaries, very sensitive to touch; with metritis. Itching and burning pimples on the labia. Free, light-yellowish, excoriating discharge from the vagina; pain in sacrum; prolapsus uteri, with palpitation of the heart. Inflammation and swelling of the vagina; pouting of the meatus urinarius, with swelling and discharge of light yellow pus from urethra. Sore and swollen inguinal glands. Bubo.

Bubo.—CASE 1. Mrs. B. Age 25; light complexion; rather stout; took a long walk in the hot sun just after menstruation; became overheated, sat down upon the damp ground in the shade, and took a severe cold. Found her the next morning with great anxiety of mind; peevish; was going to die; could never recover. Vertigo; the furniture would turn around with her if she moved. Redness, and itching of the eyes, with lachrymation. Nose stuffed up. Red swollen gums; teeth sore. Dry mouth. Painful soreness in the upper portion of the œsophagus. Deglutition painful. Distended abdomen. Stitches in both hypochondria on motion. Protruding haemorrhoids. Excoriating, itching and burning of the anus. Severe pain in the sacrum. Wanting to urinate every ten minutes, with severe tenesmus of the bladder; urine of a light straw-color; would pass about one tablespoonful at a time, with great straining, smarting and burning; feeling as if some urine remained in the urethra which could not be passed. Large swelling of the left ovary. Indurated and swollen uterus, very sensitive to touch; sore and swollen meatus urinarius. Free, excoriating, light-yellow leucorrhœa; great restlessness and moaning; pulse full and strong.

B. Aconite 6th, in water, every hour; in the evening worse in every respect.

B. Alumina 6, in water, every hour; in the morning better; urinated but four times during the night. Swollen ovary the same, but not so tender; had slept some. Continued treatment.

In the evening better; could urinate without pain; ovary less swollen; throat better. In one week was able to attend to her household duties.

CASE 2. Mrs. C.; age 19; small; dark complexioned; during a long walk in the hot sun, just after menstruation, got overheated. Sat down on stone steps in the shade; next morning found her with great anxiety of mind, peevish, fretful; was going to die, could not live in such agony, would never get well. Dizzy headache; was going to fall if she attempted to sit up. Eyes red; lachrymation which caused itching and burning. Nose stopped up with mucus. Teeth sore; dark-red swollen tonsils, smarting and burning; deglutition very painful. Pain and soreness in both hypochondria; excoriated protruding haemorrhoids; itching and burning pain in the sacrum; micturition every few min-

utes, with violent tenesmus; urine light straw-color, not more than a few drops at a time, with straining, smarting and burning; feeling as though a few drops remained in the urethra which could not be forced out. Swelling of the meatus urinarius. Large swelling of the right ovary. Indurated and swollen uterus and inguinal glands; excoriating leucorrhœa; great restlessness, moaning; was surely going to die; full strong pulse; some thirst.

B. Alumina 6th, in water, every hour, for three days; with rapid recovery.

CASE 3. Mrs. B.; age 38; dark complexion; spare-built. At City Hospital, two weeks before. Said she was ordered to use cold water vaginal injections twice a day to keep herself clean; often the bed-linen was damp, and made her feel chilly for some time after the change. Found her with swollen ovaries; large, indurated, swollen and painful uterus; profuse yellowish, excoriating, stinking, sanguous leucorrhœa; smarting, burning, itching of the vagina and vulva; the labia covered with red miliary pimples; the meatus urinarius very much swollen. Light yellowish discharge from the *urethra*. The whole abdomen, sexual and urinary organs, very sensitive to touch; very painful micturition of a few drops of light-yellow urine; must urinate every few minutes, with tenesmus; smarting and burning; great restlessness; no appetite. Feeling as if the rectum and *urethra* were full, but could not be relieved; great anxiety, fretful, was going to die, could never recover. Severe pain, causing continual moving. Wanted to be uncovered; said she was smothered if covered with sufficient clothing to protect her.

B. Alumina 6th, in water, every hour, and ordered rest in bed, well covered; and to put off micturition as long as possible. Next morning said she felt *relief within an hour*; was up but three times during the night. The parts were not so sensitive. *Alumina* was continued another day, and rapid recovery followed.

CASE 4. *Urethritis*.—Mr. F.; light complexion; aet. 25. Light-yellow, free discharge, which caused severe itching of the glans penis; very painful, frequent and scanty micturition of but a few drops at a time, with straining, (a feeling as if some urine remained which could not be passed); tenesmus vesicæ. The meatus pouting and inflamed. Sore, painful swelling of the right inguinal glands; restless; violent, pain-

ful erections, worse at night, preventing sleep; eyes red and watery; tongue slightly coated brownish; no appetite; anxiety.

B. Alumina 6th, every two hours. The erections entirely ceased on the second night; discharge diminished; itching ceased; the drug was continued four days, and the case cured in two weeks.

CASE 5. *Urethritis*.—Mr. F.; aet. 28; dark complexion. Violent tenesmus; frequent micturition, passing but a few drops at a time; swollen inguinal glands; itching of the glans penis; light-yellow discharge; painful erections, the penis bent upwards; severe pain in the small of the back, worse on attempting to move; no appetite; pulse full, strong; extreme anxiety.

B. Alumina 6th, every two hours for four days, and blanks for two weeks; when he was discharged, entirely cured.

CASE 6. Mr. R.; aet. 46; large, strong-built man, with dark features; had gonorrhœa 15 years before, which had left a stricture about midway; had been operated upon a month before.

Found him with light, glairy, yellowish discharge, meatus pouting; tenesmus vesicæ; painful micturition, passing but little at a time, and often feeling as if there was some left in the urethra; itching of the glans; painful erections, worse at night; right inguinal glands swollen and painful; very anxious, fearful he would not get well; that it would kill him.

B. Alumina 6th, every two hours for four days, and blanks for two weeks. Entirely cured.

LOCAL APPLICATIONS.

MISCELLANEOUS CASES.

BY R. R. GREGG, M.D., BUFFALO, N. Y.

In January, 1858, I was called to a child eight or ten months old, who, the mother told me, had just been given up by a council of old school physicians to die of convulsions. It was the third or fourth attack, or rather series of attacks, within three or four weeks, the convulsions returning at intervals of from half an hour to one or two hours, often in great violence, and continuing at such intervals for two or three days, then subsiding for a week, when they would recur, in greater severity than before.

Observing that there was but little hair upon

the vertex, and that very coarse and bristly, I asked if the child had not had some disease of the scalp. The answer was that there had been an obstinate form of scald head, which had resisted many applications, until the tar cap was applied, after which it speedily disappeared. The child then went into the first series of convulsions, almost before the scalp was fully healed.

Telling the mother the child could be cured if the eruption could be restored again to the head, but that it must die if that was not accomplished, I prescribed *Belladonna* 200th, and had the satisfaction of seeing the convulsions controlled in twelve to eighteen hours, and the shortening of that series of them twenty-four to thirty-six hours. They had been active the previous twelve hours when I was first called. The patient then recuperated rapidly, appearing better, they told me, than it had before since its first attack, and continued to gain for two or three weeks, when the eruption reappeared upon the vertex and soon commenced an active development. At this juncture they carelessly allowed the child to eat something that produced colic and diarrhoea; the eruption disappeared quite suddenly, and it again went into convulsions. This time they continued only twelve to fifteen hours in all, when they were subdued by *Nux vomica*, in addition to *Belladonna*. Again the little patient convalesced rapidly, the eruption soon coming out so fully as to cover the entire top of the head, and discharged freely. This time he continued gaining three or four weeks, when they allowed him to eat part of an apple, which almost at once produced vomiting, colic, and frequent green stools; the discharges from the scalp ceased, and the eruption partially disappeared in a few hours, and again the little sufferer was seized with convulsions. *Chamomilla*, and one or two other remedies, controlled the vomiting, colic, diarrhoea and convulsions, within twenty-four hours or less; a more rapid and vigorous convalescence was established than before, and there was soon a much fuller development of the eruption upon the scalp than at either of the previous times. But twice subsequently, at intervals of several weeks, the same results of vomiting, diarrhoea, drying up of the eruption and convulsions followed within a few hours after eating part of an apple. After his relief

from the last of these attacks, the eruption came out over the entire scalp, forehead and cheeks, and discharged profusely. It continued out this time six or eight weeks, getting worse all the while, when the parents took it on a ride of several miles, facing a chilling wind. This also suppressed the eruption, or, at least, it dried up and partially disappeared the night following, and the next day the child was again attacked with convulsions, and for the fifth time after my commencing his treatment. Our remedies proved as reliable on this occasion, as during either of the previous relapses, controlling the convulsions within a few hours, and in a few days sending the eruption out in all its former activity. And this time the reaction was permanent, no further convulsions ever having occurred in the case.

But as to the primary disease, what shall be said of that? The greatest extravagance of language could scarcely exaggerate what actually occurred. The eruption continued coming out, week after week and month after month, until the entire head, or scalp, the face, nose, eyelids, ears, neck, top of both shoulders down on to the back, upperarms and chest, the hands and forearms to near the elbows, were one continuous suppurating discharging surface. There was not a healthy point of skin on all the parts named. The child's sufferings were, of course, intense for many weeks, and the care of it a terrible task to all concerned; but the end fully compensated for it all.

I positively forbade any external applications whatever to it, and prescribed in succession high potencies of *Sulphur*, *Calcarea*, *Arsenicum*, *Rhus tox.*, *Hepar Sulph*, *Sepia*, *Lycopodium*, *Silicea*, etc., without, however, the slightest apparent effect, certainly with no relief, and matters went on from bad to worse with the eruption, until pus ran almost in streams from parts of the ulcerated surfaces; and a swelling of one or more of the glands arose upon the left side of the neck, which rapidly increased to the size of a hen's egg, or larger, but without appearances of immediate suppuration. At this juncture I prescribed *Graphites* in the 2000th potency, and awaited results. The delay was not long, however, for the terrible itching and irritation from the eruption, that the child was almost constantly under, was apparently greatly ameliorated in twenty-four hours, and within two or

three days there was a perceptible suspension of activity over the entire suppurating surfaces, and in a few days more all discharges from them ceased. The swelling of the glands also wholly subsided in ten days to a fortnight, without suppurating; the eruption dried down into scales which gradually fell off, leaving a healthy surface beneath; until, within three months, there was not a vestige of the disease left. From the time *Graphites* was prescribed, nothing but that, as it was first given, was administered. And the entire case, as detailed, was gone through with in about a year's time. The patient then developed into a healthy, vigorous boy; and the last I heard of him, when he was about twelve years of age, he was a stout built, robust youth, never having been seriously sick from the time his eruption was so effectually cured, up to that age.

A case of this character speaks for itself, without need of comments upon the main facts; but there are one or two points indirectly connected with it which may not be readily seen by all, and which are of great possible importance in determining some thing we need to know.

I allude to the convulsions and what they may possibly teach us of the cause of other similar cases. Epilepsia, as is well known, has never had its true nature and origin satisfactorily explained. The convulsions in the case given, were what have, of late years, been denominated epileptiform; and could the child have lived to have grown up with all that humour remaining in his system, he would no doubt have become a confirmed epileptic, with all that that entails. In every instance when his scalp-disease was suppressed, by whatever means, the first perceptible effect was upon the stomach and small intestines, and the convulsions followed its action there. Hence, may it not be that all cases of epilepsia depend upon, or have their primary cause in, some chronic humour, or what would be a chronic skin disease, if thrown out upon the surface, but which, when acting internally, settles upon the mucous coat of the stomach, or small intestines, or both, and from its more or less constant irritation there, excites its paroxysmal manifestations through the nervous system? Certain it is that, in many cases of epilepsia that are cured, a more or less extensive eruption upon the skin

appears in the process of cure; and almost equally certain is it, that if a chronic eruption can be thrown out by proper internal medication, upon epileptics, they find great relief, and often a final cure of their nervous disease.

When skin diseases are driven in, by whatever measures, they only act primarily upon some one or more of the mucous membranes, whatever they may develop secondarily from their effects there. And I here hazard the prediction, that when the cause of epilepsia is fully determined, it will be found to have its primary seat or action, in or upon the mucous coat of the stomach, or small intestines, or both. And there it continues to act even to partial disorganization of the brain, and idiocy; either through the constant irritation of the nervous filaments so profusely distributed therein, and its reflex action upon the spinal cord or brain; through the improper digestion or preparation of the material for nourishing the nervous system; or, finally, in consequence of the irritation of the mucous membrane, permitting the admission into the blood of materials which act, to a certain extent, as poisons upon the spinal cord and brain.

A similar case in its primary developments, but with different results, from the suppression of diseases of the scalp, has come to my knowledge since commencing to write out the foregoing case, and was reported to be as follows: Four or five years ago, an infant child had tinea capitis, or at least, a thick, scaly, but dry eruption on the head. The case was under the care of a Homeopathic physician who would allow nothing to be applied externally. The mother, not content to wait and have the disease cured by internal medication, consulted an Allopathic physician, who applied something externally which soon suppressed the eruption, and the child immediately commenced to cough most violently, and continued to cough for several weeks, in defiance of everything that could be given to arrest it. And ever since, the child takes cold from almost every comparatively slight exposure, and has the same violent obstinate cough develop as at first. This occurs several times every year. The cough was represented to me as almost frightful to witness, and as giving the whole household the greatest anxiety for a week or two after nearly every cold the child takes.

And thus it ever is—the silly, indeed criminal anxiety to drive such humours out of sight, without reference to the consequences, always gives ten, and often an hundred fold more suffering to the patient and anxiety to the friends, than to let the primary disease continue; while premature death is the almost universal and inevitable final result.

Another case, that came to my knowledge only a week or two since, may properly be given in this connection. A girl, age not given, had an eruption upon the face, last year; the mother applied ointment, which suppressed the humour almost at once, when the patient commenced coughing and went rapidly down to her grave with disease of her lungs; and the mother now condemns herself as being the agent of her daughter's death.

The following four cases all occurred in one family, and within a few years' time:

CASE I.—A healthy young man had a chronic eruption upon his back, which his physician pronounced eczema, and applied tar ointment to heal. An aunt with whom the patient lived went especially to the physician three different times and expressed her apprehensions of the result, from the disease being driven to his lungs. Though an educated, experienced and prominent physician, he repeatedly assured her there was not the slightest danger. But Nature did not conform to his ignorance of her work, for no sooner was the eruption healed than the young man began to cough, though he had never had a cough before, and in a year was in his grave, having died of fully developed tubercular consumption.

CASE II.—A young lady in the same family had what appeared to be the commencement of a felon on one of the fingers of the left hand. This was suppressed by a "Magnetic Doctor," who "rubbed it away." Nature tried to save the patient from worse suffering and from danger, by starting a boil upon the left forearm. This in turn was also stopped in its development by being "rubbed away," and immediately a most severe and obstinate disease of the throat and bronchia appeared, that required many months of most careful and discriminating treatment to control.

The suppression of either felons or boils by external treatment of whatever kind, let it ever be remembered, is *always* a hazardous procedure.

Nature starts them in the first place because she finds morbid matter in the system that *must* be expelled, to save vital organs from disease; and she directs that matter, in such cases, to the parts that are not vital, for its expulsion, purposely to avoid all danger, or lasting injury to the constitution. Boils and felons may, however, be often safely arrested, as is well known, by the careful administration upon the tongue of the Homeopathic remedies; but even in this there is danger, unless care is used, of over-doing, and forcing a partial suppression in that way; which is little if any better in results, than when it is done by external applications.

CASE III.—Another aunt in the family alluded to had a glandular swelling upon the right side of her neck lanced prematurely and otherwise locally tampered with, till finally suppressed and driven to her right hip, where, after great suffering, it resulted in drawing the head of the femur from the acetabulum, and left her a cripple for life. She was also left with serious disease of the kidneys, from which she suffered greatly, at times, for years.

CASE IV.—And still another aunt, after long continued suffering from female diseases, with great nervous disturbance, and at times actual mental derangement, was relieved, and had a common, non-malignant chronic ulcer, or superficial ulceration, appear upon her right leg below the knee. To this she applied salves and suppressed it. Within a short time, a similar ulceration appeared upon the right side of her neck. And this was similarly treated and suppressed, when the disease appeared in the right breast, which soon began to swell, and in a few months developed extensive and most malignant cancerous ulceration, so pronounced by several educated and experienced physicians, and for which the entire breast was amputated.

And thus it is that repeated suppressions of what is primarily a simple non-malignant disease will frequently drive it into the most malignant action. I have seen this in many instances. And herein I believe is to be found one, and indeed the principal reason, why cancers so frequently develop in those who have not inherited cancerous taints. In some, even one suppression is sufficient to bring about such a result, as was the fact in the last case reported under the head of suppressed neuralgia.

As already stated, these four cases occurred

in one family, and it may also be said in one household; for the first two were members of it during all the time of their sufferings, and the last two during a great portion of theirs. This may seem to many like a very unusual record for a single family, but from my experience it is not. I have no hesitation in saying that if accurate observations had been made, and truthful reports given of every family, a large majority of them, would be shown to have suffered to nearly if not quite as great an extent, and many even worse. For it must be remembered that no local applications, of whatever kind, name, or nature, can be made to any form of disease, other than those of the most transitory and evanescent character—nor even in many such—without being followed by more serious disease, of, generally, a more vital part or organ, if such applications afford relief from the primary disease. It would seem that sufficient proof of this has already been given in this series of papers, while much more is yet to come.

EXTRA-UTERINE PREGNANCY.

BY HENRY HOLT, M.D., BROOKLYN, E. D.

Mrs. S.—Aged 42.—Mother of one child 19 years old. No other pregnancy; has menstruated regularly. Last menstrual flow quite scanty. Has enjoyed good health, except the past two weeks has not felt quite as well as usual.

Was seized instantly about 8 A. M. May 27th, 1878, with very severe pain in lower part of abdomen somewhat resembling colic pain with vomiting. Surface bathed with cold perspiration. Countenance sunken and cadaverous. Pulse almost imperceptible. This condition continued perhaps near two hours after which she gradually improved, and at evening was comparatively comfortable, although some prostration and nausea continued, also tenderness of the abdomen. May 28th, found her comfortable except occasional retching and sometimes vomiting. May 29th, unchanged. The 30th, at about same hour as on the 27th, was attacked in same manner with threatened syncope and all the symptoms named in the first attack.

Had very severe pains in back and abdomen, and did not recover from the shock as readily as in the first instance. Tenderness over the abdomen continued, and also nausea. Attended her daily until the 17th of June and frequently after that time until the 18th of July. During all this time the most troublesome symptom was retching and vomiting, although not sufficient to cause any alarm as pregnancy was suspected. About July 1st, made digital ex-

amination, and also by speculum. Everything appeared in a normal condition. Was unable to detect any enlargement of the womb or other unnatural condition of the parts, and this, taken in connection with what had transpired on the 27th and 30th of May did not show an entirely satisfactory state of affairs, and yet hoped that after passing the third month, would be better. She had been confined to her bed since her first attack with continued vomiting and nausea although by no means distressing after the first week of sickness.

July 18, about 9 A. M., had another attack very similar to those already named. Saw her about an hour after attack. Pain and prostration more distressing than at either the previous attacks and hourly becoming more alarming.

At 12 M.—Pain extending over whole abdomen and whole length of back; abdomen distended; could bear very little pressure; evidence of inflammation of uterus or appendages; prostration with icy coldness of the surface and extreme suffering. Prognosis unfavorable. Prof. J. H. Ward, of Brooklyn, arrived at 3 P. M. heard history of case and at once suspected pregnancy. Made digital examination with some difficulty causing additional pain. Womb very sensitive to touch. Decided there was no three months fetus in the womb as had been suspected. Tympanitis increasing and pain constant; complains of terrible tearing pain through abdomen and back.

Very little could be learned by external manipulation on account of extreme tympanitic condition of abdomen.

At 3 A. M. on the 17th Dr. Ward recalled. Patient sinking rapidly and suffering exceedingly. Deathly cold and nearly pulseless, and exhibits the same moribund condition that obtained early on the 18th and continued to sink until 9 A. M. of the 19th, when she expired.

Time of attack until death, just seventy-four hours.

Autopsy. Twenty-four hours after death, Drs. Ward and Beardsly assisting. Three or four pints dark and black blood lay in the abdominal cavity. Pelvic organs on the left side in normal condition, while on the right side at the fimbriated extremity of the fallopian tube was a tumor measuring probably from seven to nine inches in circumference. Further examination showed it enbraced both ovaries in the cyst wall. An opening was also found the size of an ordinary goose-quill which was undoubtedly the point of rupture from which the hemorrhage came which caused her death. Cyst contained a female fetus of about three months. Found the womb normal, with formation of thin decidual membrane.

No odor or evidence of decomposition.

No abnormal discharge from the vagina during the past three months.

The Homeopathic Times.

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Editors:

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

THE publishers of the HOMEOPATHIC TIMES, wishing to place it within the reach of all, offer the following inducements:

To clubs of ten with \$20, paid in advance, THE TIMES will be sent to the address of each subscriber for the year ending March, 1879.

THE TIMES is a medical newspaper, and in addition to its department of original articles and cliniques, presents monthly, carefully prepared criticisms of new books, and a general summary of medical and scientific news. Without any additional cost to our subscribers, we shall continue the retrospect of Homeopathic literature of the world, and journalistic notes, in which will be given the cream of the ablest articles in the journals of other schools.

THE PRACTICE OF MEDICINE.

The professional mind has been more or less agitated for years past upon the subject of medical education. Strong efforts have been made, from year to year, to secure legislative enactments to protect society from ignorant practitioners. In the numerous laws which have been passed, and the still more numerous laws which have been presented from year to year, and have failed to receive legislative sanction, the real point, the great cause of all

our trouble, it seems to us has not been touched. Take away the authority for any sectarian organization, be it State society, county society or medical college, to confer the right to practice medicine, and place that authority solely in the hands of a non-sectarian board, nominated by the governor and confirmed by the senate, or appointed by the Regents of the State University, and responsible to them for their action, and you at once cut the Gordian knot, by subjecting every aspirant for medical honors to a thorough and impartial examination, in which he shall show himself, to a certain extent, conversant with the whole range of medical science. This course would settle at once and forever the question of "regular," and do much toward crushing out the bitter sectarian spirit now so rife in the medical profession.

Theological seminaries, and medical colleges, as they are at present constituted, keep alive in all their bitterness and rancor the party spirit and sectarian unfairness and exclusiveness which disgrace the professions. A young man desires to enter the clerical profession. Before devoting a day to the critical study of theology, he decides with what particular sect or church organization he will unite, and then, putting on the peculiar spectacles of that sect, studies theology through sectarian text books, and only sees facts through the coloring of sectarian spectacles. In medicine, a student knowing nothing of medicine as a science, selects the sectarian school, for there are no other in this country, to which he is drawn by his own inclination or the advice of his preceptor, and commences his course of sectarian study. It is true, the ground-work of study is the same in all good schools, though in some taught with more minuteness and thoroughness than in others, but the application of all this knowledge to the cure of diseases is made from a sectarian stand-point. In the empirical schools, the law of *similars* is ridiculed, and no opportunity given to form a correct idea of its teachings. In the Homeo-

opathic schools, that law is held up so near the eye as to shut out every thing else. In both cases, the student receiving the license to practice with his diploma, is deficient in that general and minute knowledge which every student should possess in entering the ranks of a great profession. He starts on his professional career with his mind blurred by prejudice, and so firmly bound to the wheels of sectarianism that it requires more than ordinary strength of mind to break the bonds and step out into the liberty of free thought.

Sectarian State Boards of Examination, although appointed by the regents of the State University, do not remedy the matter. We only step out of one evil into another. The present State Board of Examiners is not only sectarian, being made up entirely from the Homeopathic school, but every member of it owes his appointment to one man, who secured the passage of the law, and who makes up the board to suit himself. It is distinctly a one man power—an autocracy, in which the profession have no confidence and which they will never support. It is simply a change of evils, and gives us no adequate remedy. This Board was organized several years ago, and now boasts of *three* graduates, which is probably about the limit it will reach as at present managed.

What we need is a non-sectarian Board of Examiners, in whom the profession and the community have confidence. Take away from our colleges the power of granting licenses to practice. Let them be simply educational institutions, their diplomas being only certificates of scholarship and giving no power to practice medicine. It is a well known fact that some of the colleges in our School do not represent the ability and standing of our profession; that they are under the control of cliques, whose aspiration for the public good is bounded by their own pockets, closing the doors of their institutions to all talent, unless it will slavishly repeat their shibboleth and form a harmonious part of their

ring. With an unsectarian board of medical examiners, medical colleges, deprived of their power of granting licenses to practice would stand for just what they are worth as educators. They would be obliged to compete with teachers all over the country, who would draw to their class-rooms, with great advantage to the student, scores of those to whom now the only opening to their profession seems to lead through the class-rooms of medical colleges.

Correspondence.

GERMANTOWN, PHILADELPHIA, }
August 8th, 1878. }

EDS. HOM. TIMES.—The July number of your excellent journal contains a review of Guernsey's *Obstetrics*, which, while praising with candor the general character of that great work, offers some remarks which call for a reply.

We regret that the writer of the article manifests such a want of confidence in Homœopathy.

While it is possible for one ignorant of the true sphere of Homœopathy to attempt the application of the *law of similia* "out of its legitimate field," yet it is more unreasonable and censurable for a physician who *professes* to believe in and to practice Homœopathy, to ignore that law just where it is especially available, and through want of knowledge or lack of confidence, resort to unreliable and uncertain means of relief or cure.

If the Homœopathic law of cure is an universal *vital* law, applicable to all non-surgical morbid conditions, yet supposed to be incapable in its application of controlling uterine hemorrhage, or other hemorrhages (not traumatic) and if we are obliged, in such exceptional cases, to fly to other means for their arrest and cure—the sooner that fact is made known, and the sooner Homœopathy, as a system of medicine, is abandoned, the better.

While we know that hemorrhages caused by, or depending upon, mechanical lesions (traumatic), must be controlled or arrested by surgical or mechanical means, we are also as well aware that other hemorrhages, even active and profuse, are caused by and depend upon a mor-

bid condition of the organism, (dynamic or vital) which can be better and more properly treated and cured by the dynamic influence of medicine administered in accordance with the Homeopathic law. To this class of cases undoubtedly belong post partum or other uterine hemorrhages. If there be any morbid conditions which will show the perfect reliability and promptness of action of "the carefully selected homœopathic remedy," they are just such cases of alarm and danger as those of post partum hemorrhages; and Dr. Guernsey has done the greatest service to the Homeopathic School by showing us in his admirable book how to select and apply the proper remedies for such emergencies. If his advice, as there laid down, is faithfully followed, and if the practitioner has *confidence* in that law which he professes to believe, and upon which he relies in less dangerous cases, there is scarcely a possibility "that the patient will slide out of his hands before the remedy has had time to act."

No member of the Homeopathic profession knows *when* and *how* to apply the law of "*similia*" better than Dr. Guernsey; and we honor the man who practices what he preaches. He is "so enthusiastic as a homœopath," because he is most thoroughly convinced of his principles, mis-called "his favorite theory." True to his convictions, which are borne out by his long experience, and supported by the experience, also, of his intimate professional friends and colleagues, he cannot be accused of sailing under false colors; nor is there the slightest danger of his putting Homeopathy "in positions which do it but little credit, or have a tendency to weaken it in public estimation."

In conclusion, permit me to say, that my experience coincides exactly with that of Dr. Guernsey, in the management of post partum, and all other hemorrhages of like nature, produced by a diseased condition of the system. With over thirty years of practice, very largely of an obstetrical character, I rely *exclusively* upon the application of the homeopathic law of cure in the treatment of all such cases; and I know of many other practitioners who are just as firm in their faith. Trusting to the homœopathic remedy, and using no other means, no case of uterine hemorrhage has yet slipped

through my hands "before the remedy has had time to act."

If the indications for the remedy have been verified, and if the reliability of the preparation to be administered has been previously tested, I should not hesitate to trust even the highest attenuations in all such cases.

I have more confidence in the promptness of action of the homeopathic remedy operating through the law of nature, "*similia similibus curantur*," than I could have in any hap-hazard application suggested by the judgment or ingenuity of those who ignore that law.

Very respectfully,

THOS. MOORE, M. D.,
Graduate of the Medical Department of the University of Pennsylvania, 1848.

Formerly Professor of Anatomy, and afterward of Obstetrics and Diseases of Women and Children, in the Homeopathic Medical College of Pennsylvania.

ROBY'S OPERATION.

Messrs. Editors.—I have just finished reading in your July number Dr. Roby's graphic description of how he sucked a renal calculus out of the ureter of one of his patients, and his glowing predictions of the universal utility of this mode of procedure, in removing offending substances from the various hollow viscera of the body.

It is needless to say that I was delighted by the article; no physician can read it through attentively, without experiencing a degree of pleasure that borders on hilarity! But no one who has not had the felicity of hearing it expounded by the author in person can form a just conception of the profound sensations, of various kinds, produced by his brilliant rhetorical rendition of his glorious discovery in surgery and pneumatics, at the last meeting of our State Society. There were only two or three dry eyes in the room when he sat down; and an enthusiastic but immoral young doctor from "up the creek," remarked, "It's as good as a circus!"

Dr. Roby should have the full credit of the discovery of this operation in surgery. I hasten to claim in his behalf, the title of "Roby's Ope-

ration," for this peculiar method of relieving a very painful and intractable affection. It is but just that he should have this slight reward for his mental toil and anguish. He will meet with opposition and persecution before the final triumph; but let him remember that all great discoverers in medicine have met with like fate. Jenner—Hahnemann—Roby!—A glorious triumvirate!

My special object in calling attention to Roby's Operation, is to point out a strange and important omission, which appears in Dr. Roby's report of the case operated on by the new method. He writes, in brief, that he extracted a calculus from the ureter by exhausting the air from the bladder and ureter; but he omits to mention something that would seem to be of prime importance—viz., that the patient's bladder was of cast iron, and the ureter constructed of tin, or some similar unyielding substance.

The slightest knowledge of the laws of natural philosophy, or the possession of a small modicum of common sense, will suffice to show any man, in an instant, that Dr. Roby's manoeuvre is a total impossibility in the case of the ordinary "collapsible," human bladder and ureter; and as we have no reason to assume that Dr. Roby is either a fool or a liar, we are forced to the conclusion that the anatomical construction of his patient was abnormal in the degree that I have suggested.

If any physician happens to meet with a patient constructed upon similar "iron-clad" principles, and troubled with a passing calculus, it would seem to be his imperative duty to resort to Roby's Operation, without delay. And if any medical genius wishes to try the *principle* of the thing without waiting for such peculiarly constituted patient, he can make a very satisfactory "test" by putting a bullet into a piece of rubber-tubing of suitable calibre, and trying to suck it out. He can try as long as he pleases, without the slightest danger of injuring the bullet.

Whenever Dr. Roby succeeds in *diminishing* the atmospheric pressure upon the inner surface of a hollow body, the walls of which are flexible, the result will be—*collapse!* The walls will collapse—and the "Operation" will collapse.

Possibly, Dr. Roby will now collapse; but

this need occasion no alarm. Those who know him will warrant his speedy re-inflation.

R. C. SABIN.

DYNAMIZATION.—THEORY vs. FACTS.

Messrs. Editors: Without attempting to offer "aid and comfort" to Dr. Sabin, who is abundantly able to sustain the position he has taken in his controversy, I will venture to criticise what seems to me a very weak point in the argument offered by Dr. Berridge on the 93d page, current volume.

Dr. B. says: "The *theory* of potentization is of little moment, but the *fact* of it is an essential point."

Is it not true that, in all departments of natural science, rigid logic admits no effect without adequate cause?

Although we may accept evidence of a fact in our own experience, and indeed, that of large numbers of them, is it not important that a reasonable *theory* regarding their supposed origin should be offered? Else, how are we to know that the *facts* prove just that which we claim, *and that only?* A theory aids the elucidation of facts, by suggesting methods of explanation, classification, comparison and analysis—in short, prepares the way for a complete system. Facts, however numerous, disassociated from a reasonable theory showing their probable origin and their relation to, and bearing upon, other series of facts, have little practical significance.

Without a reasonable *theory*, how shall we be able to determine that the cures which follow dynamized remedies result from the direct influence of the substances used? The ever ready answer, "The fact proves it," would be conclusive, were it not that other cures, equally prompt and satisfactory, are constantly taking place, where no dynamized or other substances have been administered. Facts are proverbially stubborn. Here are two series of them, both apparently equally authentic and trustworthy. It seems to me that just here a reasonable and intelligible *theory* of dynamization would be of very great service.

Unless a correct theory of dynamization is adopted by Hahnemannians, is it not probable that they will continue following the footsteps of their learned and eccentric leader, whose

gropings in the mysterious mazes of medical spiritualism have long since been discarded by many, perhaps a majority of homœopathists?

It is plainly evident that a reasonable *theory* would have been a precious boon to Hahnemann.

An analysis of the paragraphs which embody Hahnemann's efforts to express his idea of the peculiar changes developed in the medicines by the process of dynamization, reveals the frequent use of the following terms and phrases: *Developed the energy; increased the energy; real awakenings of the medicinal properties that lie dormant; which then became capable of acting in almost a spiritual manner; penetrated more deeply into the essential nature of the medicinal substance; to liberate and bring to light the more subtle part of the medicinal power that lies still deeper; medicines of the most penetrating efficacy; properties that lie hid in the essential nature of the medicinal substance; renders the mixture much closer; develops the medicinal virtues still further; develops the power of the medicinie.*

Hahnemann makes frequent use of the words *energy, power, awakening, essential nature, subtle part, penetrating efficacy, medicinal virtue.* Why this ambiguity of expression? Hahnemann seems to have been at a loss for proper words with which to clearly express his idea (theory, if he had one,) of the changed condition of the medicine produced by dynamization.

What was Hahnemann endeavoring to teach, if not that some kind of *curative force* was communicated to the medicine by the dynamizing process, *other than it derived from a simple minute division of atoms?* If this was his purpose, why did he make use of expressions so vague and ambiguous, when a matter regarding the welfare of the human family, one of transcendent importance, depended on a correct understanding of the principle, or *theory* of the principle, involved in the process he attempted to elucidate?

If the medical profession could not comprehend the principle underlying the process of dynamization, they could not apply it intelligently. They would be resolved into mere machines, and would automatically repeat the process, without the ability to profit by the results of their own experiments. This is pre-

cisely the condition in which we find them at the present day. Hahnemannians are dynamizing medicinal and non-medicinal substances, and they explain the process by the same terms employed by Hahnemann. Hahnemann said, "*real awakenings; essential nature; subtle part; penetrating efficacy,*"—and devoted Hahnemannians repeat, "*real awakenings; essential nature; subtle part; penetrating efficacy*"—as regardless of the principle involved, if any exists, as if they were engaged in the empty mummeries of Pagan idol—worship.

Hahnemann did not use an ambiguous expression when he stated that dynamizations are not simple dilutions. Why was it so difficult for him to define and clearly express the change he assumes is developed in the medicinal substance by the process of dynamization? If he intended to convey the idea that the process of dynamization developed immaterial force, why did he not state his views on this point clearly and in ordinary medical terms? Why are we left in doubt regarding the real meaning his words are intended to convey? If he was in doubt regarding the change developed by dynamization, why did he not honestly say so? If he was ignorant of the modus operandi of the curative force developed by dynamization, the fact is discreditable to him. If he knew that he was dealing with magnetic or psychological forces, singly or combined, and disguised the fact by ambiguity of expression, his course was a dishonorable one. In either case the verdict is against him.

If Hahnemann had frankly communicated his views in clearly defined medical terms, his followers could have easily pursued the same line of investigation, and after further trials, either have confirmed or set aside the theory of dynamization. Such a course would have been worthy of respectful consideration by the whole medical profession. Instead of this prudent course, Hahnemann made use of obscure terms and phrases, words that are of doubtful meaning and difficult of satisfactory explanation, and has thereby thrown over the subject a glamour of mystery and vagueness, which, to many persons has an irresistible charm.

The only reasonable conclusion at which we can arrive regarding this singular process is, that Hahnemann firmly believed that dynamization developed simply magnetic or other occult

force, hence purposely resorted to the use of terms and phrases of doubtful meaning in order to give the method a shading of mystery. Is it not also probable that he believed that the good results of a more thorough development of the process of dynamization would prove of benefit to mankind?

By the adoption of this plan, one of doubtful expediency, Hahnemann allured his followers into a trackless wilderness, and then left them without guide or compass. Evidently, it did not occur to him that there was a possibility of a *natural limit* to the minuteness of the material dose, beyond which, if action should occur, it could not be reasonably ascribed to the medicine.

Hahnemann has instructed us, in paragraphs 279 and 280, to enter upon a series of experiments in order to ascertain the greatest possible tenuity of the homeopathic dose. He has not warned us against the danger of excess of zeal in this direction, except by stating that the medicine "shall merely produce an almost insensible aggravation of the disease."

In his effort to avoid the excessive medication of the allopathic school, Hahnemann seems entirely to have overlooked the danger of error in the opposite direction. From the time he announced his specious theories regarding the doctrine of the minimum dose and its congener, dynamization, to the present day, his followers have endeavored to carry out his instructions to the letter. A ceaseless round of trials were then inaugurated which are still in full tide of successful experiment. Potency upon potency, measured by the hundred thousand, have been piled one upon another, until the accumulation is appalling. At first, the two-hundredth was considered an extreme point; soon the thousandth potency was reached; and then the course was a rapid one to the ten thousandth, the hundred thousandth, and quite recently the millionth potency.

This degree of attenuation or dynamization does not appear to have the slightest shading of the ridiculous to strict Hahnemannians. To them the experiments are *veritable facts* of the utmost significance. They are now, even after having reached the millionth potency in their vain search after an ultimatum, as earnestly seeking the minimum dose as they were when

they started upon their Jack o' lantern chase. They are no better prepared to give a satisfactory or philosophical explanation of their insane course than they were when they set out. They are as busily engaged as they ever were in the labor of accumulating *facts*. They do not stop to work out results by inductive reasoning, or deduce principles from the vast accumulations of recorded experiences gathered during the past half century. Hahnemann directed them to observe and to record *facts* illustrating the efficacy of dynamized remedies—and *facts* they are accumulating with unabated zeal. Without doubt, they will continue pursuing the same prescribed routine during many years and perhaps ages to come.

Another statement made by Dr. B. is equally open to criticism. He says: "If we deny the *fact* of potentization, we deny all the cures made with *Alumina*, *Silicea*, etc." We do no such thing. Here again the *limit*, as to the extent of potentization, is ignored. I am not aware that the homeopaths discard the results of cures by potentized or dynamized remedies provided the process is *limited to a point at which there is a reasonable probability that the medicine exists in a material form*.

To go beyond that point is to wander in the mazy atmosphere of medical transcendentalism. If Dr. Berridge and Dr. Lippe, and other strict Hahnemannians, are still disposed to indulge in this form of medical dissipation, let them; but is it not high time that the homeopathic school, through its legal organizations, should, by a formal declaration, sever all responsible association with the use of dynamized substances?

H. M. PAYNE.

"NOT PRESENT TO DEFEND HIMSELF."

AN OPEN LETTER TO A COLLEAGUE.

PROF. T. F. ALLEN, M.D.,

My worthy colleague:

A mutual friend has sent me a copy of the HOMEOPATHIC TIMES for July, on page 101 of which I find the

"REMARKS OF DR. ALLEN ON PICRIC ACID."

Those remarks were made on an occasion when a colleague was attacked by one whose *animus* you know, and you realized that colleague's disadvantage when you said, "Prof. Jones is not

here to defend himself." I, therefore, take your remarks as embodying your defense of an absent colleague whom you felt had need thereof, and this it is which gives your "remarks" a significance to which I hope to do justice.

In the first place let me consider your fitness to make "remarks" on that occasion.

The point in question necessitated a knowledge of chemistry, and lacking *that*, your remarks would be out of place, simply because you were assuming that which you are not. Did you ever do such a littleness; did you ever attempt to pass for that which you are not, thereby wronging some one, thereby deceiving no one—not even yourself?

But, before to-day, you have been a Professor of Chemistry; at least you let a needy Faculty so *label* you, as is the pitiful usage in our school. Now, suppose your remarks show that, in the course of time, when the *label* dropped off the fellow, the "chemist" was *non est*! Can that be my fault; am I responsible for your label-tricks? Can you see, however, that if the label did drop off, such a *showing* follows your "remarks" as inevitably as the fruit the flower? I cannot help it; I am impelled by the inexorable necessity of the inevitable; brought face to face with a veritable thing—an *ens*—or with a veridical sham. Which of these it *be* your "remarks" will decide. Meanwhile, I assume that *you* would not wear a lying label; that *you were* precisely what the label purported; with such an assumption I may be hopeful that your remarks will bear God's searchingest sunlight.

Your remarks were made on the occasion of an issue between a recipient of one of *your* gold medals and an absent man—one "not present to defend himself," as you well knew he is wont to do.

This, my ingenuous colleague, was a fine opportunity for only a "chemist"—a far better for only a man. It was also one in which a not-chemist would mis-carry, and a not-man.

"Willing to wound, and yet afraid to strike," could make evident that which *rr* is. Of the opportunity for a Professor of Materia Medica and Therapeutics to *help to find where the truth lay*, I will make no mention; indeed, I have no time for vain regrets!

It was also a trying position for a thing, a shadow, a false quantity, a sham, because *then* to make "remarks" was to take one's stand with the true, or with the false.

With such an opportunity, my truth-loving colleague, what was your doing; where did you plant yourself; on the side of eternal justice, or —?

Let us see, and let us find our *seeing* in your "remarks."

"There is, however, another point of prime importance in this difference between Dr. Couch and Prof. Jones, namely, the coloring matter in the urine of these animals; Prof. Jones believes it to be derived from a decomposition of blood pigment; Dr. Couch believes it due solely to picric acid. Certainly this is a matter for chemists to decide, and Dr. Couch has given us expert testimony; the opinion of Prof. Jones is supported by no such testimony."

In this the Professor of Materia Medica and Therapeutics, the whilom "chemist," the *quasi* "man," all speak—with what simulation of veraciousness I will try to make evident.

Where, my fair-dealing and absent friend-defending colleague, where is your evidence that "Prof. Jones believes the coloring matter in the urine of these animals to be derived from a decomposition of blood pigment?" Put your hand on one word of mine that will substantiate your assertion; that will make even the pitifullest plea for *your veracity*.

I recently challenged your gold medal recipient "to cite one word of mine to show that I ever made such a declaration."

At *your* feet I throw the same glove—having done with *him*. You *have* a show of respectability—not yet being stripped of *that*; feeling the need of it, in fact; shrewdly knowing it to be an useful adjuvant in all money-making "practice"—prizing it accordingly. *His* utterance has no value, lacks any semblance of *having*; yours *has*, or in common decency *should have*. The raw crudities of youth and ignorance must—indeed *do*—extenuate much mental flatulence; commonly known as "remarks," and vented without a thought of consequences by children and such; but *you* know that "remarks" include responsibilities, are not, in fact, mere brain-borborygmi to be let off only because one has a bad habit.

The earnest workman, honest colleague, wins that for *his doing* which God and man honor and protect; that which cannot be bought from him though he be a hungered and know not where to lay his head—this *you* have found—

which cannot be *forever* stolen from him—this you *will* find.

On even such a doing you have laid hands in your "remarks," and you cannot escape the penalty of *that*. Make good what you have said, or take your place where you belong; the eternal principles of justice demand *that*; it is a penalty not to be escaped from; no conceivable attitude of "respectability" can avert the inevitable doom of such a doing; no possible monied "success" can condone it.

When your gold medalist wrote of me that which you have reasserted in your "remarks," I said: "It is an unqualified falsehood; and I leave him with an indelible stigma stamped upon him by his own words." And now, with an indignation which has no dread of your respectability, no awe of your bank account, no fear of your attainments, I say the same to you.

Make the most of it. Do not shrink behind the flimsy excuse of "personality." In God's name isn't it time to be "personal," to follow the mean lie home to its lair, to brand it on him who *says it*, when that lie robs one, or *would* rob, of all that he has for a life-doing whose abnegation of self you can never understand, much less imitate.

My money-making colleague, it is pitiful to think how earnest men *not* money-makers have been crushed, disheartened, dishonored by a splendid sham, a gilded pretence, a *simulacrum* which at one blast of God's wrath shrivels, stinks, and leaves only a stain upon eternity. Hast thou known any such, my honorable colleague?

I have done with so much of the "man" as I can find; and now let me determine the quantity of the *residuum*—the "chemist."

This I will do in a subsequent letter. Meanwhile, I am,

In earnest, yours,
SAM'L A. JONES.

A NEW DISCOVERY IN HOMEOPATHY.

BY E. W. BERRIDGE, M.D.

A remarkable discovery in Homeopathy, never dreamed of by Hahnemann, has just been made by Professor S. A. Jones, M.D., one of the founders of the American Microscopical Society, Professor of Materia Medica, Therapeutics and Experimental Pathogenesy, and late Dean of

the Faculty of the University of Michigan, &c., &c., &c. In the June number of the American Observer, he gives a specimen of *his* way of teaching Materia Medica, which is "to determine the kind of action a remedy has, *not by its resemblance or difference symptomatically*, but by its pathological nature." After this "declaration of principles," entirely at variance with the laws of homeopathy, he makes the following astounding assertion: "The following," he says, "is submitted as indicating what condition calls for Hepar;" after which he gives the post-mortem appearances (?) in a woman who died from acute interstitial pneumonia, after Allopathic treatment! We are much obliged to the erudite professor, for this valuable information; when we next see on the table of the post-mortem room a body presenting these changes, we will remember that this condition "calls for Hepar," and anticipate the archangel Gabriel, by effecting a young resurrection on our own account. We trust, however, that when the case is published, Professor J. will not call it "manufactured." In the meantime, as we wish to do the thing "scientifically," we should be glad to know the potency and dose which the professor has found the most efficacious in these cases.

A RETROSPECT OF MATERIA MEDICA FOR THE YEAR ENDING 1877.*

BY MARY E. BOND, M. D.

(Lecturer on Mat. Med. at the N. Y. Med. College and Hospital for Women.)

PART III.

5.

Chrysophanic acid, a granular powder of bright orange color, without odor or taste, was discovered by Prof. Attfield in *Goa* powder, the powdered pith of a tree growing in Bahia, Brazil. Its exact origin is not known. *Goa* powder has long been a popular remedy in India as a local application for skin diseases; in Eastern Asia it has been employed for the same purpose under the name of *Poh di Bahia*, and also in Brazil under the name of *Aroba powder*. This vegetable product, having obtained so wide a reputation in tropical climates, was deemed worthy of investigation by Prof. Attfield, and he found the main ingredient and the active one

*Read before the Homeopathic Medical Society of the County of New York.

to be *Chrysophanic acid*. This acid can be made into an ointment by dissolving it in hot fat—two drachms to the ounce of lard—with two drops of otto of roses. The uses for which it has already gained a favorable report are as a local application for ringworms and psoriasis, (British Medical Journal, numbers for March; papers by A. D. Keith and Thos. E. Jones) and for these especial purposes it is doubtless worthy of a trial. At the present time it is quite expensive, but if the demand should increase, it can be obtained in any quantity at slight cost from almost any of our common lichens, of which it forms the coloring matter.

It is perhaps worth the mention that J. Ashburton Thompson, (New Remedies, June) has experienced the usual delight of physicians with purging proclivities in discovering that *Chrysophanic acid* is an active emetic purge, which in doses of from five to ten grains, preferably in pilular form, exhibits a thoroughness and promptness not equalled by any other medicine. This is not indeed to be wondered at, since its effect, if kept in contact with the skin, is irritation, inflammation and desquamation of the cutis. Dr. Thompson's statements can be depended upon, as they are based upon over three hundred practical tests, mainly upon persons who were out of sorts rather than ill, to all of whom we extend our sympathy and commiseration.

6.

Fucus Vesiculosus, which is one of the commonest sea-weeds found on our coast, (described in the November No. of New Remedies) does not strictly deserve a place in the list of the latest remedies, for it was as long ago as 1862 that Dr. Duchesne Duparc discovered and wrote about its powers in reducing weight; but it is only of late, since certain proprietary articles called "Anti-fat" have been offered to the public, that it has become an object of interest. Whether it is the main ingredient of the "anti-fats" or not, I am unable to say. Dr. Duparc believes that the best way to take it is in the morning, fasting. Its use requires no change in ordinary diet, and its first effects are to improve the digestion, relieve flatulence, etc. In the course of two or three weeks the amount of urine is increased, and any unusual fatty deposits generally disappear, and the individual becomes thin as perceptibly as a fat pocket-book

during the holiday season. Dr. Godefroy, a gentleman of fifty-seven years, experimenting upon himself, took the equivalent of twenty-four grains of the fluid extract three times a day before meals, with the result of diminishing his weight five pounds in three months, without any change in diet or the usual habits. This bears no comparison with the results achieved by observations of dietetic rules and relinquishing all sedentary habits, in a case of which we have some knowledge. A gentleman weighing three hundred pounds, in this way reduced his weight at the rate of twenty-five pounds every three months for a year, without other than benefit to his general health. Therefore we believe that if the directions given on the labels of the "Anti-fat" remedies are faithfully observed, it will rarely fail to give satisfaction, whether the dose be taken regularly or not.

7.

Hydrobromic Acid is formed by the reaction which takes place when *Bromide of Potassium* and *Tartaric Acid* are dissolved together in water. The *Bitartrate of Potassium*, or cream of tartar, is thrown down as a precipitate and the *Hydrobromic Acid* remains in solution. The original formula of Dr. DeWitt C. Wade, of Holly, Mich., given in the Detroit Medical Journal, for October, 1877, for "dilute *Hydrobromic Acid*" was one hundred and twenty grains of *Bromide of Potassium*, one hundred and fifty-three of *Tartaric Acid*, dissolved in one fluid ounce of water; each fluid ounce of the decanted liquid contains ten grains of the *Hydrobromic Acid*. Dr. Wade has devised several combinations of this acid with other drugs; with quinine, to prevent the distressing cerebral symptoms produced by large doses of that drug; with *Ergot*, a combination which he claims to be especially useful in cases of vertigo and cerebral hyperæmia that were formerly treated by venesection; with *Stramonium*, a combination having "remarkable effects" in cases of epilepsy; with *Bismuth* and *Pepsin* for certain disorders of the stomach, etc. *Hydrobromic Acid* has thus far attracted most attention because of its power when combined with *Quinine* to ward off the roaring in the ears, the dizziness, and the general feeling of indescribable distress, which have been so characteristic of this favorite remedy.

(To be continued.)

Medical Items and News.

WE have received from Dr. S. A. Jones a denial of the truth of the anonymous letter, contained on page 101, of our last issue. He desires the name of the author, and promises to disprove his statements.

IN the announcement of the U. S. Medical College Dr. Guernsey's name was placed in the list of counsellors without his knowledge. At his request it has been withdrawn. The college claims to be unsectarian, and presents an able faculty.

THE fine offices lately occupied by Dr. Helmut, 21 W. 37th St., are to rent. No better can be found.

DO NOT forget the meeting of the State Society at Middletown, Sept. 17th and 18th. Excursion tickets at \$2 may be had of Dr. Hills, if applied for early. Take 8:45 train from 23d St.

DR. LAURA M. PORTER has located at 105 Appleton St., Boston.

REMOVALS.—Dr. Sam'l Worcester, from Burlington, Vt., to Salem, Mass.; Dr. G. M. Ockford from Hackensack, N. J., to Burlington, Vt.

N. Y. OPHTHALMIC HOSPITAL, report for the month ending July 31, 1878: Prescriptions, 3442; new patients, 384; patients resident in the hospital, 31; average daily, 133; largest, 221.—J. H. BUFFUM, M.D., *Resident Surgeon*.

THE Good Samaritan Hospital, of St. Louis, has recently undergone a purging and rearrangement of its Medical and Surgical corp, and now stands as follows:

Medical Staff.—T. G. Comstock, M.D.; D. R. Luyties, M.D.; Chas. Gundelach, M.D.; A. S. Everett, M.D.

Consulting Physician.—G. S. Walker, M.D.

Consulting Surgeon.—S. B. Parsons, M.D.

Resident Physician.—W. Collisson, M.D.

In a private letter from Dr. Wm. H. Holcombe, of New Orleans, to Dr. J. Robie Wood, of this city, dated August 21st, he says, regarding yellow fever "I have so far treated fifty-one cases with result—two deaths, thirty-nine cures and ten still under treatment. No children have died of nineteen cases treated. The mortality among children under old school treatment has been fearful."

With the return of summer and autumn the ever-recurring problem of the artificial feeding of infants is again brought forcibly to the physician's attention.

Of course all agree that the breast milk of a healthy mother is unquestionably the nourishment which should always be given, for the sake of the mother as well as the child. Unfortunately that is not always to be had. We wish to speak of a substitute for mother's milk with which we have had personal experience. We refer to MELLIN'S Food. This food differs from most of the other infants' foods in being *entirely soluble* and *not farinaceous*. It is well known that the digestion of farinaceous matter cannot be performed by the digestive organs of toothless infants.

Mellin's Food is prepared in accordance with the principles which were laid down by Mialhe, the discoverer of animal diastase in the saliva and which were further elucidated later by Liebig.

By the action of malt or wheaten flour, the starch of the flour is converted by the vegetable diastase of the malt into dextrine and grape sugar, ready for instant assimilation in the stomach of the infant.

Allowing Liebig's ingredients to pass through the time-absorbing process and then evaporating the resulting liquid, a dry powdered extract is obtained consisting entirely of soluble and assimilable matter, perfectly free from bran or husks, the indigestible parts of the malt being rejected.

This food, dissolved in diluted cow's milk forms probably the nearest approach to mother's milk that has yet been obtained.

Rev. Dr. Dowling, an eminent Baptist clergyman of this city, and father of our esteemed colleague, Dr. John W. Dowling, died at Middletown, in July at an advanced age.

Dr. Swalm corrects our statement on page 125 that Dr. Doughty's "amputation was performed for neuralgia of the stump and not made necessary by the impossibility of getting the original stump to heal, thus resulting in caries of the Tibia."

LŒFLUND'S EXTRACT OF MALT.

IS recommended to physicians for its *purity* and *superiority* over all others. It is perfectly free from *Alcohol, Carbonic Acid and Empyreumatic products*, which can only be attained by the *most careful manipulations*, in its manufacture, *long experience*, and by means of *unexcelled apparatus*. Mr. Ed. Lœflund, of Stuttgart, Germany, manufactures only Malt Preparations, devotes his whole time to these, and being a thorough chemist, makes a preparation based upon *scientific principles*. For this reason his preparations were awarded a *Prize* at the *Centennial Exhibition*.

Lœflund's Concentrated Extract of Malt is a *Resolved Emollient* and a most powerful *Nutritient*. It is used for diseases of the *respiratory organs* *pulmonary complaints*, and for diseases originating in *imperfect digestion*.

Price Per Bottle, 75c.

Lœflund's Extract of Malt with Pyrophosphate Iron.—(Each tablespoonful contains 6 grains of Pyrophosphate.)—Is invaluable in *Chlorosis and Anæmia*. Dose: A tablespoonful two or three times a day. This same proportion of the Pyrophosphate has also been adopted by the *New German Pharmacopæia*. Price, \$1.00.

Lœflund's Extract of Malt with Citrate of Iron and Quinine.—(Each Tablespoonful contains 2 grains of the Citrate of Iron and Quinine) an excellent tonic in all such cases where Iron and Quinine are jointly indicated. Specially adapted for Ladies and Children, on account of its agreeable taste. Dose: A tablespoonful two or three times a day. Price, \$1.00.

Lœflund's Extract of Malt with Iodide of Iron.—(Each tablespoonful contains one grain of Iodide of Iron) is an excellent preparation for *Scripulosis, Leucorrhæa, Syphilis*, etc. The Iodide in this Extract is not liable to deterioration. Dose: A tablespoonful twice a day. Price, \$1.00.

Lœflund's Extract of Malt with Hypophosphite of Lime.—(Each tablespoonful contains 6 grains of Hypophosphite) specially adapted for *Phtisis*, and all Diseases of the Lungs. This is a *perfect substitute* for *Cod Liver Oil*. Dose: A tablespoonful two or three times a day. Price, \$1.00.

Lœflund's Extract of Malt with Pure Pepsin.—(Each tablespoonful contains 4 grains of *Pure German Pepsin*) An excellent preparation for *Indigestion, Dyspepsia*, etc. Price, \$1.00.

Lœflund's Extract of Malt with Hops.—(Each tablespoonful contains 5 grains of best Hops) an excellent tonic, especially agreeable to gentlemen, on account of its aromatic and bitter taste. Price, \$1.00.

Lœflund's Concentrated Liebig's Food for Infants.—(Liebig's Soup in a concentrated form) ready for use. Has been pronounced by the Judges of the *Centennial Exhibition* a *PERFECT SUBSTITUTE FOR MOTHER'S MILK*, and therefore Awarded a *Prize*. Price, 75c. per Bottle.

Circulars, giving full particulars, will be mailed to all parts upon application.

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The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. It represents the soluble constituents of Malt and Hops, viz.: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of Hops, PHOSPHATES of LIME and MAGNEZIA, and ALKALINE SALTS.

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Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712. Alkalies .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopeia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

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In this preparation **MALTINE** is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.

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Prof. of General, Descriptive and Surgical Anatomy (Emeritus).

Jefferson Medical College, Philadelphia.

This is to certify that I have prescribed, in many instances the Hungarian Wines imported by L. Reich, particularly the "Tokayer Ausbruch." This latter wine I have found most useful in producing a gentle stimulating effect, without causing unfavorable excitement in the system. I prefer it, in certain cases requiring medical attention, to any other wine I have heretofore used for the sick or the convalescent.

J. M. CARNOCHAN, M. D.

Formerly Prof. of Surgery in the N. Y. Medical College.

Somlyai Imp. (White Wine) 1868, \$14.00 per Case.

Budai Imp. (Red Wine) 1868, - 12.00 "